

AMENDED IN ASSEMBLY MARCH 26, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 879

Introduced by Assembly Member Koretz

February 20, 2003

An act to add Chapter ~~16 17~~ (commencing with Section ~~121345~~ 121348) to Part 4 of Division 105 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 879, as amended, Koretz. Human immunodeficiency virus: ~~Post-exposure~~ *post-exposure* prophylaxis: task force.

Existing law makes provision for various programs relating to treatment of persons with the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS). Under existing law, the Office of AIDS in the State Department of Health Services, which is the lead agency within the state, is responsible for coordinating state programs, services, and activities relating to HIV and AIDS, and AIDS-related conditions (ARC).

This bill would require the department, through the Office of AIDS, to convene a task force to develop ~~guidelines~~ *recommendations* for the use of post-exposure prophylaxis (PEP) in the general population, *for the prevention of HIV infection*. The bill would also establish requirements for task force membership and meetings.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) Post-exposure prophylaxis (PEP) was first developed as a
4 means to prevent human immunodeficiency virus (HIV)
5 infections following accidental needle stick exposures by health
6 care workers. The treatment usually involves a ~~two to~~ four week
7 regime of antiretroviral drugs, beginning within hours of the HIV
8 exposure.

9 (b) PEP is a ~~common~~ method of preventing HIV transmission
10 following sexual assaults. It is also used in combination with other
11 methods in preventing mother-child transmission of HIV.
12 Increasingly, PEP is being used to reduce HIV infections
13 following ~~unplanned sexual exposures~~ *nonoccupational*
14 *exposures in the general population.*

15 (c) ~~Guidelines Recommendations~~ for PEP to reduce the risk of
16 HIV transmission are available for physicians who treat health
17 care workers and female victims of sexual assault in the State of
18 California, as part of an overall comprehensive HIV prevention
19 strategy. However, there are no guidelines addressing the use of
20 PEP in nonassault exposures among the general population.

21 (d) Several countries, including France, ~~Canada~~ *Italy, Spain,*
22 *Switzerland, Australia,* and South Africa, as well as the states of
23 Rhode Island and Massachusetts have PEP guidelines to prevent
24 infection after sexual exposure for ~~the general population. Results~~
25 ~~from these jurisdictions have shown fewer HIV transmissions for~~
26 ~~those receiving PEP after a potential sexual exposure compared to~~
27 ~~those who did not receive PEP after a potential sexual exposure.~~
28 *the general population. There is evidence from these jurisdictions*
29 *that nonoccupational PEP can reduce HIV transmissions.*

30 (e) Guidelines from these entities, although effective, vary on
31 several key points and need to be studied to best meet the needs of
32 California residents. These include the efficacy and safety of
33 treatment regimens, risk assessment evaluation, duration of
34 treatment, length of time between exposure and commencement
35 of PEP treatment, patient counseling, ~~physician~~ *health care*
36 *provider* education and support, as well as evaluation and patient
37 tracking.



1 (f) Preventing the spread of HIV is of paramount importance
 2 to public health. Effective use of PEP is ~~extremely~~ cost-effective
 3 when comparing the expense of a few weeks of antiretroviral drugs
 4 versus a lifetime of pharmaceutical and other medical treatments.
 5 Therefore, the Office of AIDS in the State Department of Health
 6 Services should develop PEP ~~guidelines~~ *recommendations* for use
 7 in incidents of HIV exposure in the general population.

8 SEC. 2. Chapter ~~16 17~~ (commencing with Section ~~121345~~)
 9 *121348*) is added to Part 4 of Division 105 of the Health and Safety
 10 Code, to read:

11
 12 CHAPTER ~~16 17~~. POST-EXPOSURE PROPHYLAXIS

13
 14 ~~121345.—~~

15 *121348.* (a) The department, through its Office of AIDS,
 16 shall convene a task force to develop ~~guidelines~~ *recommendations*
 17 for the use of post-exposure prophylaxis (PEP) in the general
 18 population, for the prevention of human immunodeficiency virus
 19 (HIV) infection.

20 (b) In performing its duties under this chapter, the task force
 21 shall review and consider PEP guidelines established by other
 22 jurisdictions, both in the United States and abroad.

23 ~~121346.—~~

24 *121348.2.* (a) The task force shall consist of no more than 10
 25 members, including, but not be limited to, representatives *with*
 26 *PEP experience* from all of the following:

- 27 ~~(1) Physicians.~~
- 28 ~~(2) HIV positive individuals.~~
- 29 ~~(3) HIV service providers.~~
- 30 ~~(4) The pharmaceutical industry.~~
- 31 ~~(5) The Office of Aids.~~
- 32 (1) *Research scientists.*
- 33 (2) *Patients who have received PEP treatment.*
- 34 (3) *HIV physicians or clinicians.*
- 35 (4) *HIV prevention, education, or mental health providers.*
- 36 (5) *The pharmaceutical industry.*
- 37 (6) *Public health officials.*
- 38 (7) *The Office of AIDS.*
- 39 (8) *Health plan representatives.*



1 (b) In order to operate in as cost-effective a manner as possible,
2 the task force shall be subject to all of the following:

3 (1) It shall meet as few times as necessary to perform its duties.

4 (2) Its meetings shall be conducted by conference call,
5 whenever possible.

6 (3) Its members shall not be compensated or receive travel
7 allowances or other reimbursement.

